



EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE INSPECTION CHECKLIST

NAME OF EMERGENCY MEDICAL RESPONSE AGENCY	LOCATION	DATE
(1) GENERAL REQUIREMENTS FOR EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE		
	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	COMMENTS
1. Prompt response to all requests for service	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
2. Services, personnel and supplies to meet anticipated emergency call volume	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
3. Medical director qualifications/credentials	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
4. Medical control plan – Transfer of care between agencies	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
5. Ability to communicate with dispatch, hospital, local ambulance service	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
(2) POLICIES AND PROCEDURES		
	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
1. Safety program including infection control program	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
2. Communications procedures	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
3. Standards for clinical care (medical protocols)	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
4. Equipment maintenance procedures	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
5. Controlled substance security and record keeping	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
6. Disaster/multiple casualty protocols	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
7. Maintenance, storage, usage and replacement of medical equipment, devices and medications	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
8. Quality Improvement Program including problem identification and resolution	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
(3) RECORDS AND FORMS		
	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
1. A report to record information on each emergency call	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
2. Medical Director protocol and policy authorization	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
3. Equipment maintenance records	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
4. Records required by other regulatory agencies	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	
5. Memorandum of understanding with ambulance services	<div>MET <input type="checkbox"/></div> <div>NOT MET <input type="checkbox"/></div>	

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(4) PATIENT CARE REVIEW				
		<div> <div>MET</div> <div>NOT MET</div> <div>N/A</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		
REMARKS				
SIGNATURE OF UNIT OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE				DATE
SIGNATURE OF EMERGENCY MEDICAL RESPONSE AGENCY REPRESENTATIVE				DATE